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VENEREAL DISEASE DELAYS VICTORY*

By J. R. HELLER, Jr., M.D., Chief, Venereal Disease Division, United States Public Health Service

More than once it has become necessary for the Nation's military and Government leaders to warn that the war against the Axis could be lost if the people did not shake off the complacency that has threatened to paralyze the war effort.

Today it is imperative that the people be warned that the war against venereal disease can be lost. It can be lost if that same dangerous complacency numbs us into a belief that already we are on a smooth, broad road along which we can coast rapidly to sure and easy victory.

The fight against syphilis and gonorrhea has reached a point where brilliant victory or disastrous defeat may hang in the balance. An intensified vigorous offense to inform the public and to find, treat, and prevent venereal disease, can bring victory. Slackening of social, medical, educational, or preventive efforts can bring defeat.

A National, a world-wide health emergency exists today—a venereal disease emergency.

The intensified National program to control venereal diseases in the United States, begun in 1938, has—so far at least—blocked any substantial increase of venereal diseases reported among either our civilian or armed force groups.

In the face of the massing and shifting of vast industrial and military populations, and turbulent psychological, sociological, and other conditions historically associated with wartime increase of venereal disease, this is an achievement. But, obviously, this kind of stalemate victory alone is not going to bring the "complete conquest in our time" of syphilis and gonorrhea for which the millions are learning to hope. Clearly, it is necessary to intensify the "unremitting relentless war until syphilis and gonorrhea are no longer to be found in our land," which Surgeon General Parran has urged.

National Social Hygiene Day is an appropriate occasion on which to weigh some of the progress and to consider the dangers ahead and how we can avert them.

Most persons actively fighting against venereal diseases are aware that in 1941 there were an estimated 3,200,000 individuals with syphilis in the United States and that symptomatic evidence of syphilis was found in more than 700,000 of the first 14,000,000 men examined by Selective Service. In fiscal 1943, 590,000 cases of syphilis and 278,000 cases of gonorrhea—a total of 868,000 cases of venereal diseases—were reported by State health departments. These totals represent a 21 per cent increase over the number of syphilis cases and a 28 per cent increase over the number of gonorrhea cases reported in 1942, part of which was undoubtedly due to the cooperative mass blood testing program of the States and the Selective Service boards. Venereal disease cases reported by State health departments in fiscal 1943 were almost 70 per cent more than the combined total reported cases of diphtheria, malaria, meningitis, pneumonia, poliomyelitis, scarlet fever, smallpox, tuberculosis, typhoid, paratyphoid, and typhus. The cases reported represented an annual attack rate of 4.4 per 1,000 population for syphilis and 2.2 for gonorrhea.

Venereal disease does delay victory. The direct and indirect cost of venereal disease to war production can not be calculated, but in terms of absenteeism and industrial accidents, it must be enormous. The drain on the National income in terms of wages, buying

* An address delivered in San Francisco on Social Hygiene Day February 7, 1944.

power, and taxes, again is enormous but unmeasurable. It has been estimated that syphilis each year costs the American population 1,000,000 years of life expectancy. Syphilis was reported as the cause of 17,728 deaths in 1941. At this rate, the known syphilis death toll among Americans since the start of the war has been greater than the total of 32,000 American men reported killed in the Army, Navy, Marines, and Coast Guard.

Venereal disease delays victory even more directly in the armed forces. About 4,000,000 man-days probably were lost from active duty in the Army and the Navy during the past year because of syphilis and gonorrhea, on the basis of existing rates among an assumed 10,000,000 in the armed forces. This is the equivalent of a reduction in the strength of the armed forces by 11,000 men for the entire year—enough to man nine battleships. It is a loss of strength greater than the six and a half thousand reported wounded in the Navy, Marines, and Coast Guard since the beginning of the war, and more than a quarter as large as the 39,000 reported wounded in action in the Army so far in this war.

Nevertheless, venereal disease rates in the Army during the current war are reported as lower than rates during the first World War.

The Army reports that the syphilis rate in the Army by the latter part of 1943 had been pushed down to a new, record low of five per 1,000. This was an improvement over the peacetime low of less than seven per 1,000 in 1939, and a reversal of a slight upward trend which existed for a short time after full mobilization began.

The Navy reports a decline in the syphilis rate from about 13 in 1939 to three and a half in 1942, and efforts are being made to reverse the gradual increase which began subsequently.

Credit for this improvement is shared by many groups. The Army and the Navy have set up direct systems employing venereal disease control officers, and both services have charged unit commanders with more and more responsibility for venereal disease control among their men. State and local health authorities, Selective Service, private physicians, and local law enforcement agencies have helped Army and Navy officers maintain these low rates through assistance in the control of venereal disease in the civilian population.

The effectiveness of control measures, however, has depended, and will continue to depend heavily, on the work of National and local groups such as the American Social Hygiene Association, and other volunteer organizations, the press, the radio, the schools, and the many other agencies through which individuals and the masses are educated and stimulated to action.

The Social Protection Division of the Office of Community War Services, Federal Security Agency, has given valuable aid to National and local volunteer and official agencies in effecting social control measures related to the venereal disease program. In communities throughout the Nation it has assisted in organizing and conducting education, delinquency prevention and rehabilitation work without which medical measures alone would be seriously hampered.

Finding, treating, and preventing venereal disease requires the putting of money to work through trained man and woman power, drugs, instruments, and clinics. In 1918 the Congress made available an appropriation of $2,000,000 to assist State and local health departments in a National venereal disease control program. The end of the war and the demobilization of the armed forces in 1919 brought an almost complete slackening of National interest in venereal disease. The control program suffered a paralyzing lack of Federal and State funds.

The people of the United States should assure themselves that this mistake will not be repeated. Should the National antivenereal disease program collapse for want of funds, or effort, or interest after victory comes in Europe and Asia, the control of venereal disease might be set back generations.

Federal, State, and local budgets for venereal disease control in the States and territories have increased steadily since 1939. The entire amount of money budgeted for control of venereal disease during the past five years is less than the cost of a single battleship, but it has made possible a National venereal disease control program which is speeding victory. This comparatively small investment in the protection of health may mean an ultimate saving of hundreds of millions of dollars to the Nation in terms of National income and savings of money which otherwise would be required for the care of persons disabled physically or mentally by venereal diseases.

Diagnosis and therapy are two fundamental elements in venereal disease control about which it is possible to become dangerously over-optimistic. We tend to become complacent because so much progress has been made and because there is so much promise for the future.

But the ultimate victory over venereal disease will not be easy. We can not relax. We must expect new difficulties and prepare to meet them. The wonder drug fallacy is dangerous. It is unrealistic to place all our hope on the miraculous appearance on the medical horizon of some single marvelous drug which

will be universally satisfactory in the treatment of all cases of all diseases.

Penicillin may prove to be the most effective of all therapeutic agents yet discovered in the treatment of both gonorrhea and syphilis, but it has not been available for extensive enough trial to date to warrant premature or excessive optimism. Early reports on limited numbers of cases do, however, offer real hope that penicillin may be a powerful new ally in the war against venereal diseases.

But therapy, regardless of how effective as treatment it may be, will not by itself annihilate venereal disease. The men and women in whom venereal disease exists must be discovered and brought to the physician or clinic or treatment center so that therapy may have its opportunity to help them. They must be persuaded to remain under treatment until they have received the maximum benefits of treatment, or at the very least long enough to render them noninfectious. They must be taught not to spread their infections to others. Persons who do not have and never have had venereal disease must be educated so that they can protect their own health and avoid adding to the reservoir of infection and the too large social and economic venereal disease burden.

Repression of prostitution must be enforced. Efforts must be made to correct the maladjustments responsible for prostitution. Fortunately, State and local law enforcement authorities generally have recognized and met their responsibilities in prostitution repression. Regional and State representatives of the Social Protection Division of the Office of Community War Services, Federal Security Agency, have stimulated and assisted local enforcement of laws against commercialized prostitution. But even if every brothel were closed and every prostitute were removed from every street, if prostitution were repressed entirely, only one fraction of the venereal disease exposures would be eliminated. Studies of venereal disease epidemiology in the Army Third Service Command, for example, indicate a reduction in the percentage of venereal disease infections reported by soldiers as obtained from prostitutes. But the same studies indicate that girls who are picked up and who receive no fee remain the largest source of infection among Third Service Command personnel, and that girls classified as friends are the second largest source. These two nonprofessional sources of venereal disease infection accounted for about 46 per cent and 22 per cent, respectively, of infectious exposures as compared with only 17 per cent for prostitutes from January through June of 1943.

Who are these girls and young women, the "pick-ups" and the "friends" who are reported as the sources of 68 per cent of the venereal disease infection among Army personnel in the group studied? What faulty educational, recreational, ethical, and other social conditions are behind the circumstances that make thousands of American girls and women, 80 per cent of whom are between the ages of 15 and 24 years, victims and vectors of syphilis and gonorrhea?

These are typical of many questions which must be answered before a real victory over venereal disease is possible. The solution must be found from broader, longer range programs than a wartime epidemiological emergency, motivated by incentives more enduring and fundamental than wartime enthusiasms and necessities.

ELECTRIC REFRIGERATORS HELP CONTROL SMALLPOX

It has been determined by the United States Public Health Service that vaccinations are more apt to be successful in those communities where smallpox vaccine is kept in electric refrigerators. It has been determined that immediately upon the recognition of smallpox, every community affected starts a vaccination campaign. If this is 100 per cent effective and all cases are recognized promptly, the disease, locally, dies out. If not 100 per cent effective, other cases may keep on occurring, some of which will escape recognition, and the disease continues to smolder. Smallpox vaccine, when kept in the electric refrigerator with its uniform cold temperature, maintains its potency and, if kept cold in transit from the manufacturing laboratory, stored cold in the electric refrigerator and kept in a constantly iced tray during the vaccination clinic, it is certain to retain its potency. The health officers of California have been advised by the department of the fact that unrefrigerated vaccine in transit for a number of days may well lose much of its potency and the recommendations for the refrigeration of the vaccine in electric refrigerators should be followed.

RABIES OUTBREAKS PLACED UNDER CONTROL

Within the past month several cases of rabies have been found in Kings County where a local quarantine was placed on the areas involved. In Riverside County, where a few scattered cases were reported, local control measures are enforced. An investigation was made during February of the rabies situation in various portions of Los Angeles County. Between January 8th and February 21st, 10 cases of rabies in dogs were reported. As a result, a local quarantine was placed on the area. Prompt action of this sort will keep the disease under definite control.

PROXIMUS TUUS

The above caption appeared on a statue in marble that was placed on exhibit in the Italian Section of the Palace of Fine Arts at the Panama Pacific International Exposition in San Francisco in 1915. "Proximus Tuus," in English, is "Thy Neighbor." The figure was that of an Italian peasant, seated on the ground, staring vacantly at his feet and on his face there was a terrible fatalism of expression that attracted every visitor to the gallery.

The average onlooker probably thought that this was a portrait of a victim of low economic conditions but actually it was the portrait of an Italian laborer suffering from malarial fever. The tragedy of this disease was written in every feature of the figure. The statue became known locally as the "man with the hoe sitting down."

The State Board of Health secured permission from the Superior Council for Antiquities and Fine Arts at Rome, whence the figure was sent to San Francisco, for permission to reproduce a photograph of "Proximus Tuus" in its publication. This permission was granted in consideration that it be stated that the type of disease represented by this figure had then quite disappeared from Italy because of the activity that had been employed to combat malaria.

Reference to "Proximus Tuus" is made at this time because of the widespread interest that has developed recently in malaria that might be transported from South Pacific areas. The words "Thy Neighbor" seem to have a particular significance with reference to malaria at the present time. We know that extremely virulent forms of the disease are found in many of the South Pacific islands and that there has been ample evidence that there are possibilities that these virulent strains may be brought into California. While it is not known that there are any vectors in this State that are capable of transmitting these virulent types of the disease, it is highly important that all activities for the control of mosquitoes be continued in California without abatement. This is our best insurance against the spread of tropical malaria in this State. Meanwhile, intensive surveys and careful observations must be carried on in order to determine if there are any unknown vectors in California that may be capable of transmitting the disease as it is found in the South Pacific Islands.

It would seem now that upon the cessation of hostilities in the Pacific Ocean, countless numbers of white men must go into the Pacific areas to establish peace. It is none too early to consider the training of sanitarians, sanitary engineers, epidemiologists, and other public health personnel whose services will be required in making public health, social and economic adjustments in these foreign countries that are washed by the Pacific Ocean. Whether tropical malaria presents any menace in California or not, it is of first importance that knowledge relative to the disease be obtained and that full and definite information relative to its control be made readily available. This pertains, of course, not to tropical malaria alone but to dysentery and possibly to other tropical diseases. The phrase, "Thy Neighbor," thus becomes of particular significance at this time when rapid means of communication make all peoples neighbors to American citizens.

AN OPINION ON AUTOGENOUS VACCINES

At the request of the Director of the California State Department of Public Health, an opinion has been rendered by Robert W. Kenny, Attorney General, Carl W. Wynkoop, Deputy, relative to an interpretation of Section 1601 of the Health and Safety Code, in an effort to determine the legal definition of the term, "autogenous vaccine."

The request to the Attorney General covered an outbreak of the disease which might occur in a herd of livestock and a veterinarian might make a culture from one of the animals and isolate a specific organism, if this organism is made into a vaccine and is labeled "autogenous vaccine" and is used for inoculation of an entire herd of animals. It was held that such a preparation could be labeled "autogenous vaccine" only if it were to be reinjected into the specific animal from which the culture was taken.

The Attorney General's report reads as follows:

"In Section 1601 of the Health and Safety Code, 'biologics' is defined, specifying various vaccines, among them being autogenous vaccines. It is to be noted that the Legislature in defining 'biologics' enumerated various vaccines and did not merely designate vaccine by the general term 'vaccine.' It therefore had in mind in enacting this provision the various types and groups of vaccines, and such types and groups must be taken in their general medical interpretation.

"Encyclopedia Britanica, under heading 'Types of Vaccines,' state that vaccines belong to one or two main types, that is, stock, or heterogenous and autogenous vaccines. Americana Encyclopedia likewise classifies vaccines as stock or autogenous. Webster's New International Dictionary (Second Edition, Unabridged, 1941) defines 'autogenous' (Med.): 'Of origin within oneself; as autogenous infection.' Under the definition of 'vaccine' the same dictionary defines 'autogenous vaccine' (Med.) as follows: 'A vaccine consisting of a standardized suspension of killed or attenuated bacteria which has been prepared from

culture obtained from a specific lesion of the patient himself and used to immunize him against further spread and progress of the same organism.' The American Illustrated Medical Dictionary by Dorland defines 'autogenous': 'Self-generated; originated within the body. As applied to bacterial vaccines and the term denotes those vaccines which are made from the patient's own bacteria, as opposed to stock vaccines which are made from standard cultures.' Defining 'vaccines' the same dictonary provides: 'autogenous. A vaccine prepared from bacteria which have been freshly isolated from the lesion of the patient who is to be treated with it.'

"An autogenous vaccine therefore may be stated to be such vaccine prepared from the virus of a patient suffering from a disease, which vaccine is to be reinjected into that same person.

"In our opinion NS790 (January 7, 1938, to Dr. W. M. Dickie, Director, Department of Public Health) the question was asked: 'May the Board by regulation prohibit physicians from manufacturing autogenous vaccines?', to which we answered: 'We do not understand that the autogenous vaccines are manufactured, rather do we believe that they are prepared from substance taken from a single individual for reinjection or replacement in the same individual.'

"In discussing this question with the Department of Bacteriology of Stanford Hospital and University of California Hospital I am further advised that bacteria may be prepared from a person and stored to be injected again in that particular person, or it may be used in other persons suffering from the same type of disease. However, when such vaccine is used in other persons than the person from whom the bacteria was obtained, it loses its identity as an autogenous vaccine.

"It is therefore our opinion that organisms made into a vaccine may be labeled 'autogenous vaccines' when they are to be reinjected and replaced in the person from whom taken. Vaccines taken from one animal in a herd and injected into other animals in the herd suffering from the same condition may not be labeled 'autogenous vaccines'."

BOTULISM IN 1943

Eleven cases of botulism with seven deaths were reported in eight outbreaks of this disease in California last year. All of them were due to the use of home-canned products with the possible exception of one case in which the food cause was undetermined, as none was available.

The home-canned vegetables involved in the production of the 11 cases were home-canned tomatoes, figs, mushrooms, beet greens, asparagus, and black-eyed peas.

Following is a report of the number of cases of deaths from botulism that have been reported in California during the past 10 years:

Year	*Cases*	*Deaths*
1930	6	4*
1931	13	5
1932	5	4
1933	6	4*
1934	6	6
1935	20	8
1936	7	6
1937	12	7
1938	15	8
1939	14	5
1940	13	5
1941	17	10
1942	16	7
1943	11	7

* Does not include one death which was not entered as a case.

SMALLPOX VACCINATION IN SAN JOAQUIN VALLEY

Following an outbreak of virulent smallpox in Fresno County in January, intensive smallpox vaccination campaigns were undertaken in Fresno and surrounding counties. The procedure was indicated by the fact that two of the 14 cases involved were fatal and severe attacks occurred among several other individuals in the group. This disease was imported from Mexico by a gypsy family and, because of its virulent nature, immediate and direct control activities were made necessary.

In Madera County the health officer offered free vaccination to all who might desire it and placed large display advertising in local newspapers announcing the offer. As a result, more than 10,000 people were vaccinated within a few days. Since 10,000 people in the same county were vaccinated two years ago, it would appear that at least 85 per cent of the population of Madera County is definitely immune to this preventable disease.

In Kings County, the department assisted local health officers in carrying on a smallpox vaccination campaign. Offers of free vaccination brought immediate response. At one evening clinic no less than 905 people were vaccinated and many were obliged to leave without vaccination because of the length of the waiting line. Almost 6,000 people were vaccinated in Kings County within a few days. The health officers of Kings County, Lemoore, Hanford and Corcoran cooperated in this public service.

The best hope of raising our own standards lies in the progressive expansion of production both here and abroad and making sure that the gains of increased productivity are, in fact, applied to social advance.—Carter Goodrich.

AN UNUSUAL DERMATITIS AMONG WOMEN WELDERS

The Bureau of Industrial Health of the State Department of Public Health discovered an interesting and unusual dermatitis among women welders employed in the fabrication of metal war materials. This dermatitis occurred on the neck and lower parts of the face and was acne-form. The workers complained of extreme itching and smarting when washing after their day's work.

An inspection of the working environment disclosed no unusual conditions. The metals in process of welding included the galvanized and ungalvanized iron and the welding rod was of the type commonly used throughout the shop. All welders used their own face shields and other personal protective equipment. It was learned that each of the welders at some time had worked in a certain job which consisted of welding an ungalvanized lug to a disc. It was found that the discs were coated with a thin film of oil which was not applied at the plant where the welding was done. A conference with the manufacturer of the disc revealed that the oil was used to aid in the stamping operation and to protect the iron from rust. This oil contained 40 per cent chlorine and 20 per cent sulphur and would be classified as a chlorinated hydrocarbon.

It became apparent to the investigators, upon the discovery of these facts, that the dermatitis was a chloracne resulting from the exposure of the skin to a chlorinated hydrocarbon vapor.

Skin disorders of a similar character are known to have occurred among machinists who were exposed to mists of cutting oils containing chlorinated hydrocarbons.

This is said to be one of the most difficult of industrial dermatoses to treat. The action of the material causes a blocking of the ducts of the sebaceous glands. As the oily sebaceous material is formed in the gland, a cyst develops. The only available treatment is rupture of the cyst and expression of the sebaceous material. The investigators recommended the removal of the oil from the metal before welding and scrupulous personal hygiene upon the part of the workers.

ORGANIZED LABOR LOOKS AT PUBLIC HEALTH

A recent conference in San Francisco under the combined auspices of the American Federation of Labor, Congress of Industrial Organization, and the Railroad Brotherhoods, with public health personnel, may have very far reaching effects.

The conference was devoted to medical care, public health, nutrition and industrial health. A union continuation committee was appointed to carry out the plans laid down at the conference and a technical advisory committee was also named to assist the continuation committee.

In addition to plans for studying group health insurance, recommendations were made for improving State health laws and facilities, for making mass X-ray and blood tests for tuberculosis and syphilis respectively and that facilities for health education be extended.

With relation to nutrition it was recommended that there be closer supervision of sanitation and nutrition in infant feeding and that in-plant feeding facilities be increased. It was also recommended that education in nutrition be extended.

With relation to industrial health, the conference recommended the establishment of health and safety committees in local unions at individual plants to work in cooperation with management. Pre-placement physical examinations by labor and management were endorsed. It was also recommended that industrial health laws of the State be enforced strictly and that sufficient funds be provided for the purpose.

PLANNING POSTWAR SANITATION SYSTEMS

A comprehensive survey of community planning in postwar sanitation systems and water works improvement was completed by the department. It was found that more than 20 per cent of 500 California communities surveyed report the need for postwar sanitary engineering projects. It is estimated that 228 such projects would be needed with an expenditure of $142,000,000 to be segregated as follows:

81	sewer systems	$53,476,946
32	sewage treatment plants	40,823,500
35	water development works	10,187,775
16	water treatment plants	5,977,000
64	water distribution systems	39,400,525

In addition, it should be noted that planning is completed or is in active progress for approximately $32,000,000 in postwar sanitary engineering projects. Financing for approximately $10,000,000 worth of this construction has been arranged. Many cities are still planning postwar activities and it is certain that several million dollars worth of additional work is in prospect. Some of the many State institutions will bring additional work following the war. Among the largest of these projects are the rehabilitation of the sewer systems and disposal facilities of Los Angeles, San Francisco and the East Bay district. The great increases in population within these areas have made all sewer systems and disposal facilities for these communities inadequate. In these three areas alone, approximately $85,000,000 must be expended out of $94,000,000 for the whole State.

KINGS COUNTY VACCINATES ITS PEOPLE

Following the recent outbreak of confluent smallpox in Fresno, the health officers of Kings County, each of whom serves upon a part-time basis, organized and conducted a most successful vaccination program. The men who carried out this undertaking were Dr. E. C. Foster, Kings County Health Officer, Dr. William Byron, Health Officer of Lemoore, Dr. J. W. Crawshaw, Health Officer of Hanford, and Dr. L. W. Sorenson, Health Officer of Corcoran. They were assisted valiantly by nurses in the health departments and in the schools. All of the county and city health departments provided smallpox vaccine and offered vaccination without charge to all comers. Evening clinics were held in many of the larger centers so as to provide an opportunity to individuals who were working throughout the day. The clinics were in charge of Doctors Foster, Byron, Crawshaw, Dragoo and Levenson.

The response was remarkable. Great numbers of people stood in line for as long as two hours or more. They stood in the rain and cold, waiting their turn to be vaccinated. At an evening clinic in Hanford, 905 people were vaccinated and many had to go home without vaccination because the waiting line was so long. Prior to the organization of this program smallpox vaccination had been offered to school children and 1,100 of them had been vaccinated. Most of the people who were vaccinated at the clinics were adults who had not been vaccinated for many years or who had never received this protection. Others were children of preschool age and high school children.

The following table lists the clinics and the total number of vaccinations performed:

School	*Number*
Corcoran—City Hall Clinic	466
Armona—Women's Club House Clinic	454
Lemoore—American Legion Hall—2 clinics	988
Lemoore—High School	135
Lemoore—Grammar School	297
Kettleman City	121
Camp Murray	66
Avenal—City Clinic	425
Avenal—School Children	180
Hanford—High School Clinic	450
Hanford—City Hall Clinic A.M.	628
Hanford—City Hall Clinic P.M.	905
Grangeville City Hall	297
Hardwick—Library Clinic	201
Kings River—P.M. Clinic	276
Total	5,889

I shall continue unabated on the same path that I have trod all my life for the cause of liberty, liberty that, in my opinion, is the only orthodoxy within the limits of which art may express itself and flourish freely—liberty that is the best of all things in the life of man, if it is all one with wisdom and virtue.—Arturo Toscanini.

UNDULANT FEVER REPORTED

Fifteen cases of undulant fever, with one death, have occurred in a small community in one of the northern counties of the State. All of the milk used by those who were taken sick came from a single large local dairy that distributed raw milk. A check on the dairy by the State Department of Agriculture showed that 75 per cent of the herd reacted to undulant fever. Instructions to pasteurize the milk were given to the proprietors of the dairy. One of the greatest hazards in the consumption of raw milk lies in the potential contraction of undulant fever, which is a long-drawn out disease with painful disability. If all milk were pasteurized, the hazard of undulant fever could be eliminated entirely.

SEARCH FOR MALARIA-BEARING MOSQUITOES

In spite of the fact that more servicemen infected with malaria have returned to California, the disease has not affected the civilian population of California. However, in order to provide adequate facilities for protection against imported malaria, the United States Public Health Service has assigned three mobile trailer units to the State Department of Public Health to be used in the maintenance of continual surveys for malaria carrying mosquitoes and to provide a means of immediate control wherever the necessity may appear. It is believed that this is the most economic way to meet a problem which at the present time is only speculative but which might become disturbing.

SUSPECTED RABIES IN A GROUND SQUIRREL

The department made an investigation of a suspected case of rabies in a ground squirrel in San Mateo County. It was learned that this rodent had viciously attacked two dogs, one of which was bitten severely about the head. The squirrel was killed and the head forwarded to the laboratory for examination, which as yet has not been completed. Dogs involved are under strict control on the premises of the owner. This is not the first time that suspected rabies in a ground squirrel has been reported in California. The disease occurs quite commonly in tree squirrels, skunks, wildcats, mountain lions, coyotes, and many other wild animals.

There can be no divided allegiance here. Any man who says he is an American but something else also isn't an American at all. We have room but for one flag—the American Flag.—Theodore Roosevelt.

EMERGENCY MATERNITY AND INFANT CARE PROGRAM

Maternal and infant care under this program is now operating in every county of California, although, because of geographical barriers, it is necessary for some patients to receive medical and hospital services outside of the communities in which they reside. With the participation of Shasta County, facilities for maternal and infant care are now available to applicants of Trinity County, who now go to Eureka, Redding or Red Bluff for obstetrical care. Arrangements were made for the use of hospital facilities in Reno for maternity and infant care cases in Mono and Alpine counties.

California ranks third in the Nation in its total case load, with New York and Illinois leading. During February 2,671 new cases came under the program, bringing the total to 14,199 for the period July 1, 1943, through February 29, 1944. There were 1,135 cases completed in February, bringing the total completed cases to 4,327.

A total of 266 hospitals, including 237 private hospitals, 23 county hospitals, and six Army and Navy hospitals, are now cooperating in the California program. To date, 898 doctors have submitted bills for services under the program. This does not represent all the doctors giving these services, as it does not include Army and Navy doctors, private doctors who have not yet submitted bills or attending and resident doctors accepting cases through out-patient departments of hospitals.

CONFLUENT SMALLPOX REPORTED

It has been determined that the smallpox recently imported into California from Mexico is confluent, with an incubation period of 14 days. Since there were many contacts with the group afflicted with this disease and since they may be scattered widely throughout the State, it is of first importance that active vaccination campaigns be inaugurated in all communities of California. It is only through the provision of this safeguard that insurance against the disease may be obtained.

The empires of the future are the empires of the mind.—Winston Churchill.

FLOOD CONTROL AT NEEDLES

A more urgent and pressing problem is the flood water situation in the City of Needles, due to the continued rise of the bed of the Colorado River. A development of that stream for power and water supply for large areas in the south has caught the City of Needles as its innocent and helpless victim. The effect of this river development is to cause sediments eroded out of the river bed through release of water from Lake Mead to drop these sediments opposite the City of Needles. The river bed is rising at a rate of about one and one-half inches per month and at the present time the water is within six inches of overtopping the levees. Hundreds of families have been forced to evacuate their homes in the flood area where water now stands three to four feet deep. Water conditions now threaten the water supply and the utilities. In view of these conditions, the department has reported on catastrophe measures to keep the water and sewer systems going and to provide housing for these unfortunate people. Through the strong appeal made by Governor Warren to the Department of Interior for relief, some remedies have been promised but the danger is that they will not materialize in time.

HELP FOR 1943 INFANTILE PARALYSIS CASES

Clinics for muscle analysis of victims of infantile paralysis in 1943 were held recently for both children and adults in Yuba, Sutter, Butte, Tehama, Lassen and Colusa counties. Requests were received from public health personnel and parents for the continuation of this service at regular intervals and for the provision of muscle re-education. The results of these physiotherapy clinics held in northern California showed the need for extending this service throughout the State as soon as possible.

During February diagnostic clinics for crippled children were held in Santa Maria and Santa Ana, and five cardiac clinics were held in Alameda, Contra Costa and Solano counties. During the month 73 crippled children were accepted for care, 35 through certificates issued by superior courts and 38 through the use of Federal funds.

A Kenny-trained technician saw a total of 349 children for muscle analysis and re-education.

If America should revert at the close of this war to spiritual and political isolationism, then every memorial we erect to the heroism of the men who are battling for our freedom today will be an accusing finger reminding us of our betrayal of the cause for which they are hazarding their lives.—Rev. J. S. Bonnell.

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